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## REQUEST

## CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents Box RCE Washington, DC 20231

| Application Number    | 09/200,985              |
|-----------------------|-------------------------|
| Filing Date           | November 36, 1998       |
| First Named Inventor  | Michelle Y. Kim, et al. |
| Art Unit              | 2176                    |
| Examiner Name         | M. Nguyen               |
| Altomey Docket Number | 0280446AA               |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

| ]   | <del></del>  | <del></del>                |                   |  | 1                              |      |
|---|--|----------------------------|-------------------|--|--------------------------------|------|
|   | equired under 37 CFR   | §1.114                     |                   |  |                                |      |
| a. Previously s   |  |                            |                   |  |                                |      |
|   | ne amendment(s)/reply under<br>nered amendment(s) referred t |                            | filed on.         | <del></del>  |                                |      |
|   | the arguments in the A                                       |                            | Drief area de cal | . Glad on  |                                |      |
| iii. O Other  | ule arguments in the A                                       | phesi otiei of Kehiy i     | orier breviousi   | y illed on   |                                |      |
| b.  Enclosed  |  |                            | <del></del>       |  |                                |      |
|   | dment/Reply i  | iii. 🔲 Information         | Disclosure Sta    | atement (IDS)  |                                |      |
|   |  | iv. Other                  |                   |  |                                |      |
| 2. Miscellaneous  |  |                            |                   |  |                                |      |
|   | of action on the above-                                      | identified application     | is requested u    | nder 37 CED £1 40°   | 2(0) 605                       |      |
|   | months (Period of susp                                       |                            |                   |  |                                |      |
| b. Other  |  | perior or an ended (       | monus, ree un     | and a containing the following                             | (60)                           |      |
| 3. Fees The RCE   | fee under 37 CFR §1.17(e) is                                 | s required by 37 CFR §1.   | 114 when the RCI  | E is filed.  |                                |      |
| a. 🛛 The Director   | is hereby authorized to                                      | charge the following       | fees, or credit   | any overpayments,  | to                             |      |
| Deposit Acc   | ount No. <u>50-0510</u>                                      |                            |                   |  | ı                              |      |
|   | ee required under 37 CF                                      |                            |                   |  |                                |      |
|   | sion of time fee (37 CFR                                     | §§1.136 and 1.17)          |                   |  | $\bigcirc$                     |      |
| iii. 🛭 Other  | Any desiciencies   |                            |                   |  |                                |      |
|   |  | enclosed                   |                   |  |                                |      |
| WARNING   | credit card (Form PTO-203<br>nformation on this form         | 36 enclosed)               | Cradit aced inf   | ammatian abautaa.  |                                |      |
| be included   | on this form. Provide cre                                    | edit card information      | orean card in:    | onnauon snoue not<br>ion on PTO-2028                       |                                |      |
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|   | SIGNATURE OF APP   | PLICANT, ATTORNEY,         | OR AGENT RI       | QUIRED   |                                |      |
| Name (Print / Type)   | Andrew M. Calderon   |                            | Registration No   | ). (Attorney / Agent) 38,093                               |                                |      |
| Signature   | Cole &   | X ST                       | Date Augu         | st 21, 2003  |                                |      |
|   | CERTIFICA  | TE OF MAILING OR TI        | RANSMISSION       |  |                                |      |
| I hereby certify that this cor<br>an envelope addressed to:<br>andTrademark | respondence is being deposit<br>Commissioner For Patents, E  | ted with the United States | Postal Service wi | th sufficient postage as fi<br>ille transmitted to the U.S | rst class mail in<br>5. Patent |      |
| Name (Print/Type)   |  |                            | ·                 |  |                                |      |
| Signature   |  |                            | Date              | 05/26/2005 KWATSON   | 00000001 50/510                | 0920 |
|   |  |                            |                   |  |                                |      |

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| PATENT APPLICATION FEE DETERMINA | TION RECORD |
|----------------------------------|-------------|
| Effective October. 1, 2001       |             |

Application or Docket Number 0-2009 85

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                       |  |   |   |   | SMALL  | ENTITY   | OR                     | OTHER<br>SMALL   |   |                        |
|--|--|---|---|---|--|--|------------------------|------------------|---|------------------------|
| FO   | a COC  |   | ER FILED                                      | NUMBER E  |  | RATE   | FEE                    | Ĭ                | RATE  | FEE                    |
| _  | SIC FEE  |   |   |   |  |  | 4370                   | OR               |   | \$740                  |
| то   | TAL CLAIMS   | Z   | minus 2                                       | :0= •   | 1  | X\$ 9=   |                        | OR               | X\$18=  |                        |
| IND  | EPENDENT CL  | AIMS 2  | minus :                                       | 3 = •   |  | X42=   |                        | OR               | ×24=  |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM P  | RESENT  |   |  | +14 O=   |                        | OR               | +280  |                        |
| • If   | the difference   | in column 1 is  | less than ze                                  | ro, enter "0" in o  | olumn 2                                      | TOTAL  |                        | OR               | TOTAL   | DO                     |
| 5/18/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |   |   | SMALL  | ENTITY   | OR                     | OTHER<br>SMALL I | 1   |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                             | RATE   | ADDI-<br>TIONAL<br>FEE |                  | RATE  | ADDI-<br>TIONAL<br>FEE |
| DME  | Total (UE  | . 7   | Minus   | #2D   | =/   | X\$ 9=   |                        | OR               | X\$18=  |                        |
| MEN  | Independent  | • 2   | Minus   | 3/  | =  | X.48=  | •                      | OR               | XE4=  |                        |
|  | FIRST PRESE  | NTATION OF M  | ULTIPLE DEP                                   | PENDENT CLAIM   |  | +/40=  |                        | OR               | +280  |                        |
|  |  |   |   |   | TOTAL  |  | OR                     | TOTAL            |   |                        |
| 1  |  |   |   |   |  | ADDIT SEE  |                        |                  | ADDIT, FEE  |                        |
|  |  | (Column 1)  |   | (Column 2)  | (Column 3)                                   | ADDIT. FEE   |                        |                  | ADDIT. FEE  |                        |
| NT B   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                             |   | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR   | (Column 3) PRESENT EXTRA                     | ADDIT. FEE   | ADDI-<br>TIONAL<br>FEE |                  | RATE  | ADDI-<br>TIONAL<br>FEE |
| IDMENT B   | Total  | CLAIMS<br>REMAINING<br>AFTER  | Minus   | HIGHEST<br>NUMBER<br>PREVIOUSLY   | PRESENT                                      |  | TIONAL                 | OR               |   | TIONAL                 |
| AMENDMENT B  | independent  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               | Minus   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                             | RATE   | TIONAL                 |                  | RATE  | TIONAL                 |
| AMENDMENT B  | independent  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               | Minus   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                             | RATE X\$ 9=  | TIONAL                 | OR               | RATE<br>X\$18=  | TIONAL                 |
| AMENDMENT B  | independent  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               | Minus   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                             | RATE  X\$ 9=  XH2=  +140=  TOTAL                                 | TIONAL                 | OR<br>OR         | RATE X\$18= X84   | TIONAL                 |
| AMENDMENT B  | independent  | CLAIMS REMAINING AFTER AMENOMENT  * * * * * * * * * * * * * * * * * *   | Minus   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                             | RATE  X\$ 9=  XH2-  +140=  | TIONAL                 | OR<br>OR         | RATE  X\$18=  X84  +280=  TOTAL                                 | TIONAL                 |
| ပ  | independent  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                               | Minus   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA                             | RATE  X\$ 9=  XH2=  +140=  TOTAL                                 | TIONAL                 | OR<br>OR         | RATE  X\$18=  X84  +280=  TOTAL                                 | TIONAL                 |
| ပ  | independent  | CLAIMS REMAINING AFTER AMENDMENT  * * * * * * * * * * * * * * * * * *   | Minus   | HIGHEST NUMBER PREVIOUSLY PAID FOR  ***  PENDENT CLAIM  (Column 2) HIGHEST NUMBER PREVIOUSLY  | PRESENT EXTRA                                | RATE  X\$ 9=  XH2=  +140=  TOTAL ADDIT. FEE                      | ADDI-<br>TIONAL        | OR<br>OR         | RATE  X\$18=  X84  +2\$0=  TOTAL ADOIT. FEE                     | ADDI-<br>TIONAL        |
| ပ  | Independent FIRST PRESE  Total Independent             | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus ULTIPLE DEF                             | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **  *** | PRESENT EXTRA  (Column 3)  PRESENT EXTRA     | RATE  X\$ 9=  XH2=  +140=  TOTAL ADDIT. FEE                      | ADDI-<br>TIONAL        | OR<br>OR<br>OR   | RATE  X\$18=  X\$4  +2\$0=  TOTAL ADOIT. FEE                    | ADDI-<br>TIONAL        |
|  | Independent FIRST PRESE  Total Independent             | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus ULTIPLE DEF                             | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR          | PRESENT EXTRA  (Column 3)  PRESENT EXTRA     | RATE  X\$ 9=  XH2=  +140=  TOTAL ADDIT. FEE  RATE  X\$ 9=  X472= | ADDI-<br>TIONAL        | OR<br>OR<br>OR   | RATE  X\$18=  X64  +2\$0=  TOTAL ADOIT. FEE  RATE  X\$18=       | ADDI-<br>TIONAL        |
| AMENDMENT C  | Independent FIRST PRESE  Total Independent FIRST PRESE | CLAIMS REMAINING AFTER AMENDMENT  * * * * * * * * * * * * * * * * * *   | Minus  ULTIPLE DEF  Minus  Minus  ULTIPLE DEF | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **  *** | PRESENT EXTRA  (Column 3)  PRESENT EXTRA   c | RATE  X\$ 9=  XH2=  +1440=  TOTAL ADDIT. FEE  RATE  X\$ 9=       | ADDI-<br>TIONAL        | OR<br>OR<br>OR   | RATE  X\$18=  X84  +2\$0=  TOTAL ADOIT. FEE  RATE  X\$18=  X84= | ADDI-TIONAL FEE        |